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USEFULNESS OF ANTICOAGULANT THERAPY FOR ATRIAL FIBRILLATION IN CHRONIC KIDNEY DISEASE PATIENTS AFTER PERCUTANEOUS CORONARY INTERVENTION WITH STENTING

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Background: It has been known that chronic kidney disease (CKD) increases the risk of cerebral infarction and cardiovascular event in patients with atrial fibrillation (AF). Anticoagulant therapy reduces cerebral infarction in patients with AF. Dual antiplatelet therapy (aspirin and ticlopidine) prevents stent thrombosis after percutaneous coronary intervention (PCI). However, there is little information on the optimal antithrombotic therapy for CKD patients with AF who underwent PCI with stenting.

Methods and Results: We followed up 71 patients (73% men, mean age 72.5±8.6) with AF undergoing PCI with stenting between 2003.1 and 2009.3. During the follow up period (1068±622days), we recorded thromboembolism, all bleeding events, and cardiac events (death, acute myocardial infarction, target lesion revascularization, cardiac failure) in patients with/without anticoagulant therapy. CKD was defined as glomerular filtration rate < 60 ml/min/1.73m2. Anticoagulant and antiplatelet therapy (warfarin, aspirin and/or ticlopidine) were used in 48 patients (67.6%), whereas antiplatelet therapy only was used in 23 patients (32.4%). There were no significant differences in baseline clinical characteristic between patients with/without anticoagulant therapy. Kaplan-Meier analysis revealed that patients with anticoagulation therapy had a significantly lower risk of thromboembolism events (4.2% vs. 21%; p=0.014). On the other hand, there were no significant differences in incidents of all bleeding events and cardiac events between with/without anticoagulant therapy.

Conclusions: Anticoagulant therapy together with antiplatelet therapy would prevent thromboembolic events in CKD patients with AF after PCI with stenting, without the increasing risk of bleeding episodes and mortality, but not antiplatelet therapy only.